

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019316

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 285

FILED JUN 10 1963

1. PLACE OF DEATH

a. COUNTY Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Cape Girardeau

Length of stay in 1b  
27 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Cape Gir.

c. CITY OR TOWN Cape Girardeau

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
312 S. Park

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Floyd Newton Ford

4. DATE OF DEATH Month Day Year  
June 5, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-1-1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Butcher

10b. KIND OF BUSINESS OR INDUSTRY  
Meat Packing

11. BIRTHPLACE (City and state or country)  
Chaffee, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

13a. FATHER'S NAME

William Ford

13b. MOTHER'S MAIDEN NAME

Martha Elizabeth Estes

14. NAME OF HUSBAND OR WIFE

Minnie Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
NO

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Minnie Ford Cape Gir., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Emphysema

INTERVAL BETWEEN ONSET AND DEATH  
10 years

DUE TO (b)

Cor Pulmonale

3 months

DUE TO (c)

Pulmonary Edema

2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Ruptured emphysematous bleb with a pneumothorax.

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from March 1950 to June 5, 1963 and last saw her alive on June 5, 1963  
Death occurred at 6:05 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Edmund O. Campbell

22b. ADDRESS

M.D. Cape Girardeau, Missouri

22c. DATE SIGNED

6-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE

6-7-1963

23c. NAME OF CEMETERY OR CREMATORY

Memorial park Cemetery

23d. LOCATION (City, town, or county)

Cape Girardeau, Mo.

(State)

24. FUNERAL DIRECTOR

Ford & Sons

ADDRESS

Cape Girardeau, Mo.

25. DATE RECD. BY LOCAL REG.

6-7-1963

26. REGISTRAR'S SIGNATURE

Irene Kasten

JUN 13 1963

SEP 4 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.